



Cultural Competence Training for Healthcare Providers

Center for Cross Cultural
Education

Housekeeping and Ground Rules

- Breaks
- Restroom locations
- Turn off cell phones/beepers or put on vibrate mode
- Maintain confidentiality
- Anything else?

Exercise: Meet Your Neighbor

- Partner with someone you don't know well.
- Write your first thoughts to the questions on the Participant Worksheet.
- Discuss with your partner.

Objectives

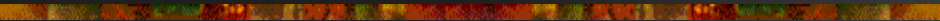
1. Increase knowledge of multicultural factors influencing health and human service care in the United States.
2. Explore the concept of culture, focusing on how it influences values, beliefs, life-ways and expectations for care.
3. Identify personal values that limit or support an individual's ability to work effectively with culturally diverse people.

Objectives (continued)

4. Develop strategies that will assist providers to implement culturally competent services.
5. Provide resources to assist in the implementation of a plan to institutionalize cultural competence throughout the organization.

Trainer Objectives

1. Begin a dialogue
2. Learn from one another – share our stories and our experiences
3. Give you practical tips that you can incorporate in your day to day routine
4. Have fun!



Why do we need cultural competence training?

National Studies on Healthcare Disparity and Quality

- Unequal Treatment: Confronting racial and ethnic disparities in health care
 - Institute of Medicine publication (2002)

Racial and Ethnic Disparities in Health Care

“Racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”

-IOM, Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care (2002)

Findings from the IOM Study

- Racial and ethnic disparities in healthcare exist and are associated with worse health outcomes for many minority Americans
- These disparities occur within the broader context of past and current social and economic discrimination experienced by minority Americans

Findings from the IOM Study

- Bias, prejudice, stereotyping, and clinical uncertainty by health care providers contribute to differences in care.
- The characteristics of many clinical encounters, may increase the likelihood that stereotyping will occur.
- Patients past experience with discrimination negatively impacts their expectations and trust level of their provider, leading to higher rate of treatment refusal and noncompliance.

Growing Population With Limited English Proficiency (LEP)

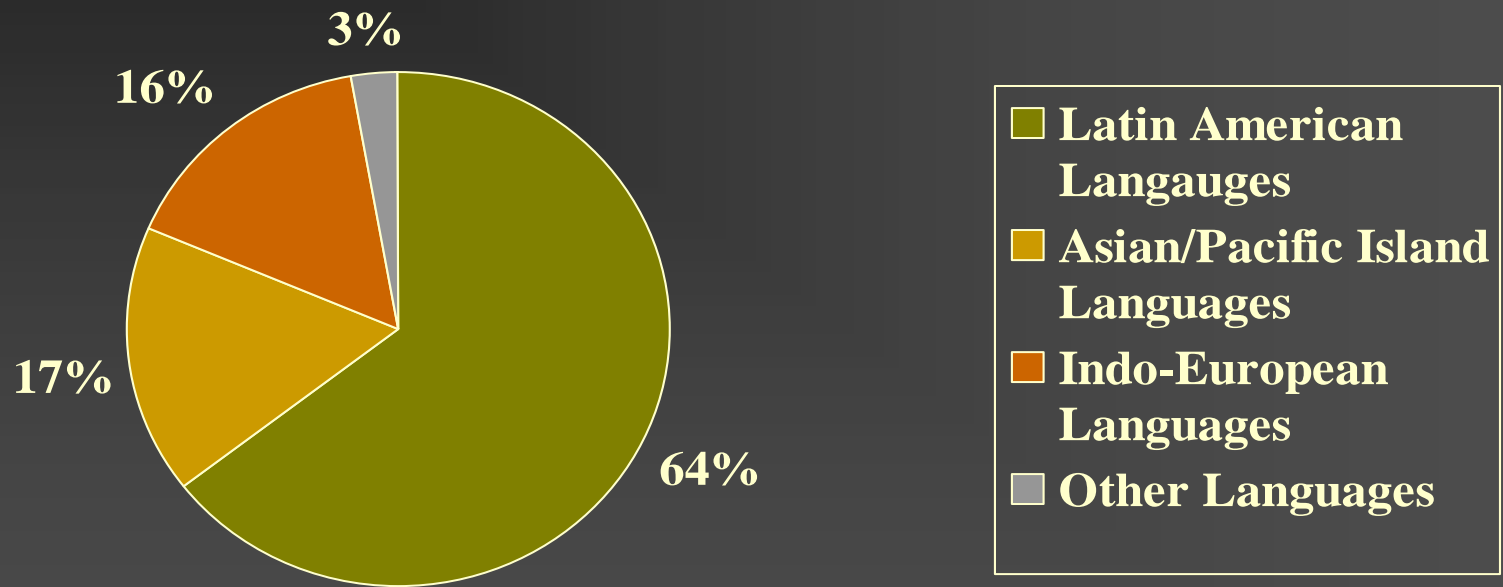
- 21.4 million LEP¹
- 2.4 million US school children LEP²
- Latino, Asian, and Pacific Islander families: 25% are linguistically isolated³
 - No family member older 14 yrs speaks English

1. U.S. Census Bureau 2000

2. Federal Interagency Forum on Child and Family Statistics

3. Shin H, Btruno R. www.census.gov/prod/2003pubs/c2kbr-29.pdf

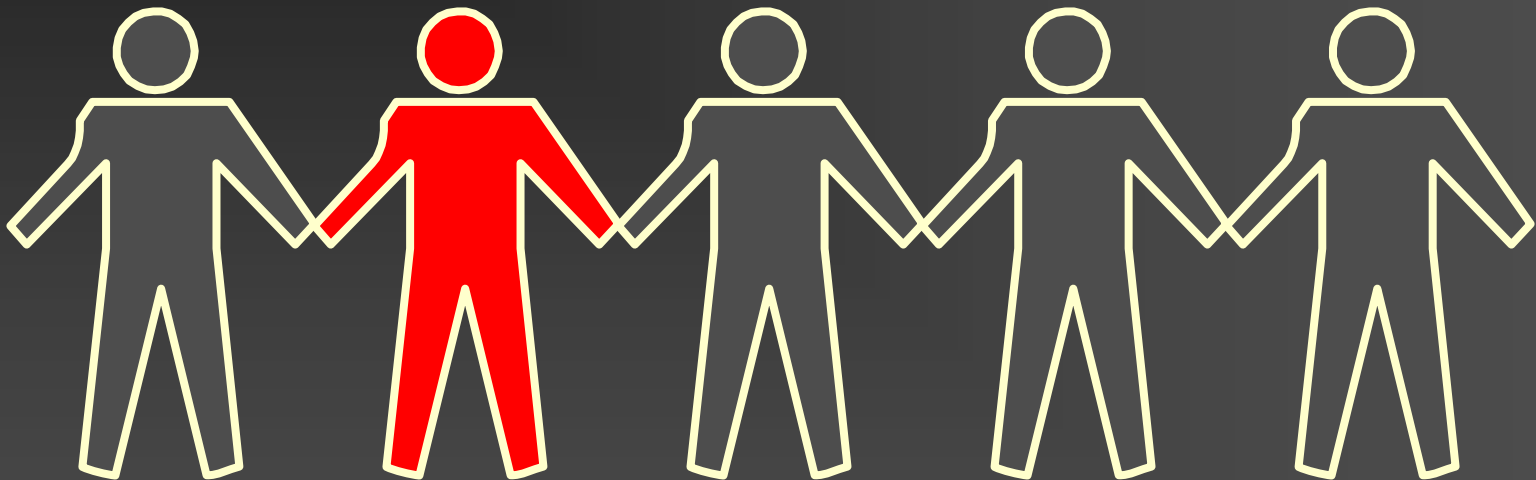
Top Second Languages Spoken in the United States



US Census 2003

One in Five Have Gone Without Care When Needed Due to Language Obstacles

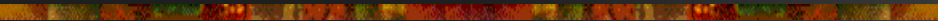
19% Have Not sought care when needed due to language barrier



HQ11: In the course of the past year, how many times were you sick, but decided not to visit a doctor because the doctor didn't speak Spanish or have an interpreter?

Source: Wirthlin Worldwide 2002 RWJF Survey

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Is culture defined by ethnicity ?

Descriptors of Culture

- Ethnicity
- Religion
- Socioeconomic Status
- Sexual Orientation
- Profession
- Age
- Gender
- Etc.

Culture

Is the sum total of ways of living including:

- Behavioral norms
- Language
- Communication style
- Patterns of thinking
- Beliefs and values

“Active” Culture

- While we might share a general culture with other people, each of us owns a special set of experiences and influences that makes us unique individuals
- Culture is fluid – changes with time, experience and circumstances of life

-Concept developed by Ira Gupta, Cross Cultural Health Care Program, Seattle, WA

Exercise: First Thoughts



1.

2.

3.

4.

Stereotypes

Are exaggerated beliefs or fixed ideas about a person or group and sustained by selective perception and forgetting

Cultural Sensitivity

An awareness of and respect for a patient's cultural beliefs and values

Culhane-Pera, et.al

Cultural Competency

- Attitudes
- Behaviors
- Practices
- Policies

That enable an individual, agency, or system to effectively serve culturally diverse communities

Case Study

Sarouen is 34 year old Cambodian woman whose screening result indicated that she is a Hepatitis B carrier. She came to the U.S in the early 1990s with her husband and her daughter. She is planning on having another baby but has not told her husband of her hepatitis B status. Sarouen is not fluent in English and you as her case worker have difficulties communicating with her. After learning that her husband speaks better English, you asked Sarouen to bring her husband to a next meeting with you. Since then, Sarouen has not returned your call and has not sought any treatment options.

Eliciting a Patients' Explanatory Model of Illness

1. What do you call the problem
2. What do you think caused the problem
3. Why do you think it started when it did
4. What do you think the sickness does
5. How severe is the illness
6. How has the sickness affected your life
7. What kind of treatment do you think you should receive
8. What do you fear most about the illness

Kleinman, Eisenberg & Good

LEARN Model

- **L**isten with empathy and understanding to the patients perception of the problem
- **E**xplain your perceptions of the problem
- **A**cknowledge and discuss the differences and similarities
- **R**ecommend Treatment / Solution
- **N**egotiate Agreement

Berlin & Fowkes

All Providers Should:

- Be aware of the laws regarding language services
- Learn to work effectively with trained professional interpreters in an
- Be familiar with and utilize language services offered at your facility

Laws on Language Services

- Title VI of the Civil Rights Act
 - Enforcing Agent: Office for Civil Rights
- IL Language Assistance Services Act
 - Enforcing Agent: IDPH

Proper Use of Interpreters

■ Do not use

- Family members (especially children)
- Non medical staff
- Medical staff who are bilingual

■ Use

- Medically trained interpreters
 - In person
 - Telephone interpreters

Common Problems with Untrained Interpreters

- Inaccurate and incomplete interpretation of words and concepts
- Unfamiliar with medical terminology
- Interjects personal opinions
- At risk for violating the confidentiality of the patient

Skills Required from an Interpreter in a Healthcare Setting

- Introduction /Pre-session
- Positioning
- Third person vs. first person speak
- Complete and accurate interpretation
- Provides culturally accurate interpretation (not literal)
- Ability to provide cultural information
- Understands confidentiality issues
- Remains neutral

Cultural Competency at the Organizational Level

What kinds of organizational policies can support an individual provider's ability to provide culturally competent care?

What kinds of organizational policies can inhibit an individual provider's ability to provide culturally competent care?

Areas of Assessment

Commitment from top management

- Commitment from top-level executives communicates the seriousness and importance of cultural competence to all members of the organization.

Areas of Assessment

Building a culturally competent workforce

- Building a diverse **management** team and workforce (decision-makers)
- Supportive personnel policies
- Training and career development
- Hiring and use of bilingual, bicultural staff, vendors and contractors

Areas of Assessment

Community participation and input

- Patient satisfaction surveys
- Establishing relationships with community leaders
- Other ideas?

Areas of Assessment

Marketing of services to culturally diverse populations

- Creating linguistically appropriate marketing materials
- Taking the history and culture of target populations into account when developing marketing messages

Areas for assessment

Community health education

Depending on the needs of the community, this can include:

- Developing linguistically appropriate health education materials
- Conducting health education activities in the community
- Participating in existing community events such as health fairs

Areas of Assessment

Ongoing evaluation and monitoring

- Purpose is to develop a systemized approach for establishing if goals for cultural competency are being attained
- Evaluation methods will vary depending on an organization's specific goals

Source: Mid-America Institute on Poverty, "Building Linguistic and Cultural Competency: A Tool Kit for Managed Care Organizations and Provider Networks that Serve the Foreign-Born."

Self assessment resources & tools

- *National Center for Cultural Competence*
<http://www.ncccurricula.info/assessment/index.html>
- *Cultural Competence Self-Assessment Protocol for Health Care Organizations and Systems* (no date given), developed by Dennis Andrulis, Thomas Delbanco, Laura Avakian, and Yoku Shaw-Taylor. Available at
<http://erc.msh.org/provider/andrulis.pdf>